 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>	
<p>Date Received</p> <p>14-SEP-2010</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 10355581</p>			
<p>OWNER INFORMATION (Type or Print)</p>					
<p>Name</p> <p>[REDACTED]</p>		<p>Daytime Telephone Number</p> <p>[REDACTED]</p>		<p>E-mail Address</p> <p>[REDACTED]</p>	
<p>Address</p> <p>[REDACTED]</p>		<p>Evening Telephone Number</p> <p>[REDACTED]</p>			
<p>City</p> <p>MCFARLAND</p>	<p>State</p> <p>WI</p>	<p>Zip Code</p> <p>[REDACTED]</p>			
<p>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</p>					
<p>VEHICLE INFORMATION</p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side</p> <p>1G1ZU648X4F [REDACTED]</p>		<p>Make</p> <p>CHEVROLET</p>	<p>Model</p> <p>MALIBU</p>	<p>Model Year</p> <p>2004</p>	
<p>Date Purchased</p> <p>1-3-2005</p>	<p>Dealer's Name and Telephone Number</p> <p>Holz Motors 414 377 4580</p>			<p>Engine:</p> <p>No: Cylinders</p>	<p>Fuel Type:</p>
<p>Original Owner</p> <p><input type="checkbox"/></p>	<p>Dealer's City</p> <p>Hylas Corners</p>	<p>State</p> <p>WI</p>	<p>Zip Code</p> <p>53130</p>		
<p>Transmission Type</p> <p><input type="checkbox"/> Antilock Brakes</p> <p><input type="checkbox"/> Cruise Control</p>	<p>Powertrain</p>	<p>Multiple Failure:</p>		<p>Incident Date(s)</p> <p>15-JUL-2010</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Vehicle Component Codes: 010000 STEERING, 012000 STEERING: COLUMN</p>				<p>Failure Mileage</p> <p>120000</p>	<p>Failure Speed</p> <p>25</p>
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make</p>	<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>		
<p>DOT No. (Example: DOTM9ABC036)</p>	<p><input type="checkbox"/> Original Equipment</p> <p><input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>			
<p>Tire Component Code</p>			<p>Tire Failure Type:</p>		
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make:</p>	<p>Date Manufactured:</p>	<p>Model No./Name:</p>			
<p>Seat Type:</p>	<p>Installation System:</p>				
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>			
<p>APPLICABLE INCIDENT INFORMATION</p> <p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>					
<p>Crash</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>1</p>	<p>Number of Deaths</p> <p>0</p>	<p>Reported to Police</p> <p>Y</p>	
<p>Narrative Description of Incident(S), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).</p>					
<p>TL* THE CONTACT OWNS A 2004 CHEVROLET MALIBU. THE CONTACT WAS DRIVING 25 MPH WHEN THE STEERING WHEEL FROZE AND WOULD NOT RESPOND. THE CONTACT WAS UNABLE TO CONTROL THE VEHICLE AS IT ABNORMALLY PULLED TO THE LEFT ACROSS SEVERAL LANES AND CRASHED INTO A DITCH. THE CONTACT SUSTAINED BRUISING ON THE SHOULDER AND NECK FROM THE SEATBELT. A POLICE REPORT WAS AVAILABLE. THE VEHICLE WAS TOWED TO A LOCAL AUTO BODY REPAIR FACILITY WHERE THE STEERING COLUMN WAS RULED AS THE CAUSE OF THE CRASH. THE STEERING COLUMN WAS REPLACED. THE FAILURE MILEAGE WAS 120,000 AND THE CURRENT MILEAGE WAS 122,000.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>			<p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>		
<p>The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.</p>					

ODI Complaint: 10355581

Date: Wednesday, December 08, 2010 3:53:52 PM
Attachments: [ESTIMATE OF RECORD and PhotosTraska.pdf](#)
[Police Accident Report Steering Fail on Malibu\[1\].pdf](#)
[US DEPT TRANS\[1\].pdf](#)
[Steering Column Replacement.JPG](#)

ODI Complaint: 10355581

-----Original Message-----

From: [REDACTED]
Sent: Wednesday, December 08, 2010 3:27 PM
To: EVOQ (NHTSA)
Cc: DataQuality, DataQuality (NHTSA)
Subject: Re: FW: NHTSA: Follow up to ODI Complaint: 10355581

I hope this is all you need. I have it as attachments. Please let me know that it is received and what you need from me.

--

Thank you
[REDACTED]

----- EVOQ@dot.gov wrote:

Please see the attached copy of your recent complaint and instructions.
Please make any necessary edits and return via email to dataquality@dot.gov
<<mailto:dataquality@dot.gov>> or fax to (202) 366-1767. Due to the volume of complaints we receive and our limited resources, we can not respond to every complaint.

NHTSA/Office of Defects Investigation

A E U

Document Number Override

Police No. 10-198822

Wisconsin Motor Vehicle Accident Report

INSTRUCTIONS

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as shown:

Correct Mark

Incorrect Marks

Reportable Accident

County: 13 MUN/TWP: 62

Accident Date

MONTH	DAY	YEAR
Jan	15	10
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

Time of Accident (Military Time)

Hour: 13 Min: 45

HOUR	MIN.
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Total Number

UNITS	INJURED	KILLED
01	00	00
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Hit & Run Y N U

Government Property Y N U

Fire (Narrative) Y N U

Photos Taken (Narrative) Y N U

Trailer or Towed (Narrative) Y N U

Truck or Bus (Last Page) Y N U

Load Spillage Y N U

Construction Zone Y N U

Names Exchanged Y N U

Unit # _____

Sheet No. Of 1/1

ACCIDENT LOCATION

Public Highway, Intersection/Related

Public Highway, Non-Intersection

Parking Lot

Private Property or Road

Please Do Not Write in This Microfilm Space.

LATITUDE (GPS) Degrees: _____ Minutes: _____ Seconds: _____

LONGITUDE (GPS) Degrees: _____ Minutes: _____ Seconds: _____

ON Hwy No. and / Street Name: CRAWLEY RD Estimated FT. MI. FROM/AT Hwy No. and / Street Name: CRAWLEY CT

House # _____ Fire # _____ Other _____ Agency Space: B.R. Special Study 1 2 3 4

Utility # _____ Railroad # _____

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
2 3 4	2 3 4	0 2 3 4 5 6	N E S	1 2 3 4	1 2 3 4	0 1 2 3 4 5 6	N E S

Speed Limit	OPERATOR Last NAME	First	M.I.	Speed Limit	OPERATOR Last NAME	First	M.I.
0 10	[Redacted]	[Redacted]	[Redacted]	0 10	[Redacted]	[Redacted]	[Redacted]
ADDRESS	ADDRESS Street & Number			ADDRESS	ADDRESS Street & Number		
City & State	City & State			City & State	City & State		
Driver's License Number	Driver's License Number			Driver's License Number	Driver's License Number		

On Duty Accident	Class (Mark Only One)	Endorse (Mark All That Apply)	On Duty Accident	Class (Mark Only One)	Endorse (Mark All That Apply)
<input type="checkbox"/> EMT/First Responder	<input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T	<input type="checkbox"/> Police	<input type="checkbox"/> A <input type="checkbox"/> D	<input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
<input checked="" type="checkbox"/> A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

TRAPPED/EXTRICATED Not Applicable Trapped/Extricated Unknown Medical Transport Y N

Vehicle Owner	Last Name	First	M.I.	Vehicle Owner	Last Name	First	M.I.
Same <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	[Redacted]	[Redacted]	[Redacted]	Same <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	[Redacted]	[Redacted]	[Redacted]
Street Address	Street Address			Street Address	Street Address		
City & State	City & State			City & State	City & State		
Year of Vehicle	Make	Model	Body Style	Year of Vehicle	Make	Model	Body Style
<u>2004</u>	<u>CADILLAC</u>	<u>MALIBU</u>	<u>4dr</u>	<u>2004</u>	<u>CADILLAC</u>	<u>MALIBU</u>	<u>4dr</u>
Vehicle ID Number	Vehicle ID Number			Vehicle ID Number	Vehicle ID Number		
License Plate Number	State	Plate Type	Exp. Year	License Plate Number	State	Plate Type	Exp. Year
<u>1G1ZU64824E</u>	<u>WI</u>	<u>AUTO</u>	<u>11</u>	<u>1G1ZU64824E</u>	<u>WI</u>	<u>AUTO</u>	<u>11</u>

Policy Holder's Name: _____ Citation: 1 2 3

Liability Insurance Company: FARMERS Stat. # _____

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1 2 3 4 5	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Address Same as Operator Yes No

Medical Transport Y N

Agency Space _____

MV4000 907 EMS Number _____

Date 07-15-10

Location

Occupant Unit Number	NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
	ADDRESS Street & Number		City & State			ZIP	(M F)	(K N) (A) (B) (C)		
Address Same as Operator	EJECTED		3: Totally Ejected		TRAPPED/EXTRICATED		3: Trapped/Extricated		Medical Transport	Agency Space
Yes	1: Not Applicable		4: Partially Ejected		1: Not Applicable		4: Trapped/Not Extricated		(Y)	
No	2: Not Ejected		5: Unknown		2: Not Trapped		5: Unknown		(N)	

Occupant Unit Number	NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
	ADDRESS Street & Number		City & State			ZIP	(M F)	(K N) (A) (B) (C)		
Address Same as Operator	EJECTED		3: Totally Ejected		TRAPPED/EXTRICATED		3: Trapped/Extricated		Medical Transport	Agency Space
Yes	1: Not Applicable		4: Partially Ejected		1: Not Applicable		4: Trapped/Not Extricated		(Y)	
No	2: Not Ejected		5: Unknown		2: Not Trapped		5: Unknown		(N)	

Type of Accident

28 First Harmful Event

Most Harmful Event

Unit Number	Unit Number
1 2 3 4 5	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10

(select one per vehicle)

Collision With Object Not Fixed

1 Motor Vehicle in Transport	1
2 Parked Motor Vehicle	2
3 Deer	3
4 Pedalcycle	4
5 Pedestrian	5
6 Railway Train	6
7 Other Animal	7
8 Motor Vehicle in Transport In Other Roadway	8
9 Other Object (Not Fixed)	9

Collision With Fixed Object

10 Traffic Sign Post	10
11 Traffic Signal	11
12 Utility Pole	12
13 Lum. Light Support	13
14 Other Post	14
15 Tree	15
16 Mailbox	16
17 Guardrail Face	17
18 Guardrail End	18
19 Median Barrier	19
20 Bridge Parapet End	20
21 Bridge/Pier/Abut.	21
22 Impact Attenuator	22
23 Overhead Sign Post	23
24 Bridge Rail	24
25 Culvert	25
26 Ditch	26
27 Curb	27
28 Embankment	28
29 Fence	29
30 Other Fixed Object	30
31 Unknown	31

Non-Collision

32 Overturn	32
33 Fire/Explosion	33
34 Immersion	34
35 Jackknife	35
36 Other Non-Collision	36

Driver Condition

Unit Number	Unit Number
1 2 3 4 5	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10

Driver Factors (Or Pedestrians)

1 Appeared Normal	1
2 Reduced Alertness	2
3 Ability Impaired	3
4 Not Observed	4

Presence

5 Neither Alcohol nor Drugs Present	5
6 Yes—Alcohol Present	6
7 Yes—Drugs Present	7
8 Yes—Alcohol & Drugs Present	8
9 Unknown	9

Alcohol

AC Value	AC Value
10 Test Not Given	10
11 Test Refused	11
12 Test Given, Alcohol Unknown	12
13 Test Given, No Alcohol Reported	13

Drugs

14 Test Not Given	14
15 Test Refused	15
16 Test Given, Drugs Unknown	16
17 Test Given, No Drugs Reported	17
18 Drugs Reported (Specify Below)	18
19 Marijuana	19
20 Cocaine	20
21 Opiates	21
22 Amphetamines	22
23 PCP	23
24 Other Drug Medication	24
25 Type Unknown	25

Unit

2 3 4 5 6 7 8 9 10

Pedestrian

Location

1 In Crosswalk	1 Walking not Facing Traffic
2 In Roadway	2 Disregarded Signal
3 Not in Roadway	3 Darting into Road
4 On Sidewalk	4 Dark Clothing
	5 Walking Facing Traffic

Manner of Collision

1 No Collision with Motor Vehicle in Transport	
2 Rear-end	
3 Head On	
4 Rear to Rear	
5 Angle	
6 Sideswipe, Same Direction	
7 Sideswipe, Opposite Direction	
8 Unknown	

Unit

1 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

Extent of Damage

1 None	4 Severe
2 Undercarriage	5 Very Severe
3 Total (Damage to All Areas)	6 Unknown
4 Very Minor	
5 Minor	
6 Moderate	

Vehicle Towed Due to Damage: (Y) (N) (N)

Vehicle Removed By: 507101010

Unit

1 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

Extent of Damage

1 None	4 Severe
2 Undercarriage	5 Very Severe
3 Total (Damage to All Areas)	6 Unknown
4 Very Minor	
5 Minor	
6 Moderate	

Vehicle Towed Due to Damage: (Y) (N) (N)

Vehicle Removed By: 507101010

Fixed Object Struck				PROPERTY Last	First	M.I.
Unit #	Unit #	Unit #	Unit #	OWNER		
				ADDRESS Street & Number		
				City & State	ZIP	Phone Number ()
Govt. Damage Tag #						

Draw Diagram of Accident & Indicate North with an arrow in the circle.

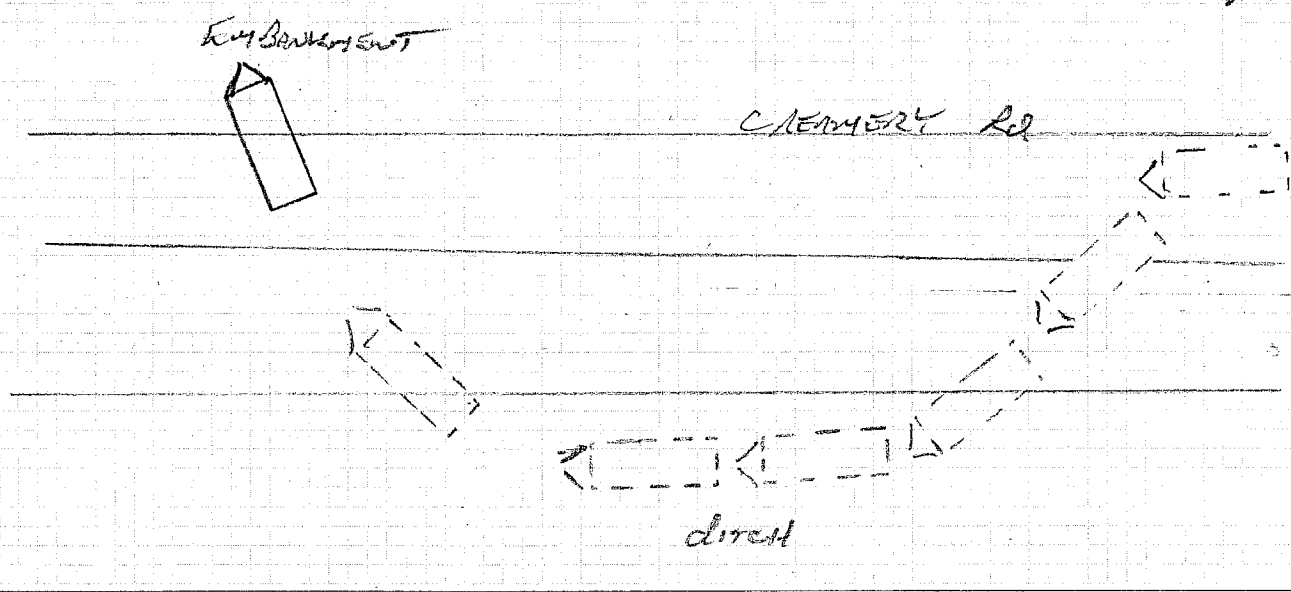


Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impact
Unit 1: 100 FEET Unit 2:

Surface Type: ASPHALT



N OPERATOR STATED LOWER STEERING UNIT WENT OUT
A AND SHE WAS UNABLE TO CONTROL HER CAR.
R VEH. CROSSED OVER RAILROAD AND TRUCK LANE
R APPROX. 50 FT. BEFORE GOING BACK ACROSS RAILROAD
A AND HIT EMBANKMENT

Photos By: SHOWERS
105

What Drivers Were Doing												
Unit Number					Unit Number							
<input checked="" type="checkbox"/>	2	3	4	5	10	<input type="checkbox"/>	1	2	3	4	5	
<input type="checkbox"/>	6	7	8	9	10	<input type="checkbox"/>	6	7	8	9	10	
<input checked="" type="checkbox"/>	Going Straight										<input type="checkbox"/>	1
<input type="checkbox"/>	Making Left Turn										<input type="checkbox"/>	2
<input type="checkbox"/>	Making Right Turn										<input type="checkbox"/>	3
<input type="checkbox"/>	Stopping or Stopping										<input type="checkbox"/>	4
<input type="checkbox"/>	Stopped in Traffic										<input type="checkbox"/>	5
<input type="checkbox"/>	Legally Parked										<input type="checkbox"/>	6
<input type="checkbox"/>	Violating No Passing Zone										<input type="checkbox"/>	7
<input type="checkbox"/>	Illegally Parked										<input type="checkbox"/>	8
<input type="checkbox"/>	Parking Maneuver										<input type="checkbox"/>	9
<input type="checkbox"/>	Backing Maneuver										<input type="checkbox"/>	10
<input type="checkbox"/>	Changing Lanes										<input type="checkbox"/>	11
<input type="checkbox"/>	Overtaking on Left										<input type="checkbox"/>	12
<input type="checkbox"/>	Overtaking on Right										<input type="checkbox"/>	13
<input type="checkbox"/>	Making U Turn										<input type="checkbox"/>	14
<input type="checkbox"/>	Turning on Red										<input type="checkbox"/>	15
<input type="checkbox"/>	Merging										<input type="checkbox"/>	16
<input type="checkbox"/>	Negotiating Curve										<input type="checkbox"/>	17
<input type="checkbox"/>	Other										<input type="checkbox"/>	18

E 106
107
108
109
110

WITNESS Last NAME <small>107</small>	First	M.I.
ADDRESS Street & Number <small>108</small>	Date of Birth <small>109</small>	
City & State <small>110</small>	ZIP	Phone Number <small>111</small> ()

ACCESS CONTROL 112

No Control (Unlimited Access)

Full Control (Only Ramp Entry/Exit)

Partial Control

ROAD TERRAIN 113

Part A

Straight

Curve

Part B

Level/Flat

Hill

LIGHT CONDITION 114

Daylight

Dark-Not Lighted

Dark-Lighted

Dawn

Dusk

Unknown

TRAFFIC WAY 115

Not Physically Divided (2-Way Traffic)

Divided Highway, Median Strip, without Traffic Barrier

Divided Highway, Median Strip, with Traffic Barrier

One-Way Traffic

Parking Lot or Private Property

ROAD SURFACE CONDITION 116

Dry

Wet

Snow/Slush

Ice

Sand, Mud, Dirt, Oil

Other

Unknown

WEATHER 118

Clear

Cloudy

Rain

Snow

Fog, Smog, Smoke (Freezing Rain or Drizzle)

Blowing Sand, Soil, Dirt, Snow

Severe Crosswinds

Other

Unknown

RELATION TO ROADWAY 117

On Roadway

Parking Lot or Private Property

Shoulder (Other Than Shoulder within Median or Gore)

Median (Other Than Median within Gore)

Outside Shoulder-Left

Outside Shoulder-Right

Off Roadway-Location Unknown

On Ramp

Gore (Area between Ramp & Highway)

Unknown

Traffic Control												
Unit Number					Unit Number							
<input checked="" type="checkbox"/>	2	3	4	5	10	<input type="checkbox"/>	1	2	3	4	5	
<input type="checkbox"/>	6	7	8	9	10	<input type="checkbox"/>	6	7	8	9	10	
<input checked="" type="checkbox"/>	No Control										<input type="checkbox"/>	1
<input type="checkbox"/>	Traffic Signal Operating										<input type="checkbox"/>	2
<input type="checkbox"/>	Traffic Signal Flashing										<input type="checkbox"/>	3
<input type="checkbox"/>	Stop Sign										<input type="checkbox"/>	4
<input type="checkbox"/>	Stop Sign with Flasher Warning										<input type="checkbox"/>	5
<input type="checkbox"/>	Warn Sign with Flasher										<input type="checkbox"/>	6
<input type="checkbox"/>	Yield Sign										<input type="checkbox"/>	7
<input type="checkbox"/>	Traffic Control Person										<input type="checkbox"/>	8
<input type="checkbox"/>	RR-xing Signal										<input type="checkbox"/>	9
<input type="checkbox"/>	Other										<input type="checkbox"/>	11

Officer's Opinion of Possible Contributing Circumstances

Driver Factors

Unit Number					Unit Number													
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
N/A					N/A													

<input type="radio"/>	1	Exceeding Speed Limit	<input type="radio"/>	13	Physically Disabled
<input type="radio"/>	2	Speed Too Fast/Condition	<input type="radio"/>	14	Other
<input type="radio"/>	3	Fail to Yield Right of Way			
<input type="radio"/>	4	Inattentive Driving			
<input type="radio"/>	5	Following Too Close			
<input type="radio"/>	6	Improper Turn			
<input type="radio"/>	7	Left of Center			
<input type="radio"/>	8	Disregarded Traffic Control			
<input type="radio"/>	9	Improper Overtaking			
<input type="radio"/>	10	Unsafe Backing			
<input checked="" type="radio"/>	11	Failure to Have Control			
<input type="radio"/>	12	Driver Condition			
<input type="radio"/>	13	Physically Disabled			
<input type="radio"/>	14	Other			

Vehicle Factors

Unit Number					Unit Number				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	7	8	9	10	1	2	3	4	5
N/A					N/A				

<input type="radio"/>	1	Brake System	<input type="radio"/>	11	Mirrors
<input type="radio"/>	2	Tires	<input type="radio"/>	12	Suspension System
<input checked="" type="radio"/>	3	Steering System	<input type="radio"/>	13	Other
<input type="radio"/>	4	Turn Signals			
<input type="radio"/>	5	Head Lamps			
<input type="radio"/>	6	Stop Lamps			
<input type="radio"/>	7	Tail Lamps			
<input type="radio"/>	8	Disabled in Prior Accident			
<input type="radio"/>	9	Other Disabled			
<input type="radio"/>	10	Other			

Highway Factors

Unit Number					Unit Number				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	7	8	9	10	1	2	3	4	5
N/A					N/A				

<input type="radio"/>	1	Snow, Ice or Wet	<input type="radio"/>	11	Other Debris
<input type="radio"/>	2	Narrow Shoulder	<input type="radio"/>	12	Sign Obscured or Missing
<input type="radio"/>	3	Low Shoulder	<input type="radio"/>	13	Narrow Bridge
<input type="radio"/>	4	Soft Shoulder	<input type="radio"/>	14	Construction Zone
<input type="radio"/>	5	Loose Gravel	<input type="radio"/>	15	Visibility Obscured
<input type="radio"/>	6	Rough Pavement	<input type="radio"/>	16	Other
<input type="radio"/>	7	Debris From Prior Accident			
<input type="radio"/>	8	Other Debris			
<input type="radio"/>	9	Sign Obscured or Missing			
<input type="radio"/>	10	Narrow Bridge			
<input type="radio"/>	11	Construction Zone			
<input type="radio"/>	12	Visibility Obscured			
<input type="radio"/>	13	Other			

OFFICER INFORMATION

Last	First	M.I.
[Redacted]	[Redacted]	[Redacted]
Law Enforcement Agency Address		
[Redacted]		
City & State		ZIP
[Redacted]		[Redacted]
Phone Number		
[Redacted]		
Agency #	Enforcement Agency	Officer ID #
139 1362	150 [Redacted]	13 8430

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HOUR	MIN.	HOUR	MIN.	MONTH	DAY	YEAR
<input type="radio"/> Jan	<input type="radio"/> 15	<input type="radio"/> 10	<input type="radio"/> 14	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 14	<input type="radio"/> Jan	<input type="radio"/> 15	<input type="radio"/> 10
<input type="radio"/> Feb			<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> Feb		
<input type="radio"/> Mar			<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> Mar		
<input type="radio"/> Apr			<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> Apr		
<input type="radio"/> May			<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> May		
<input type="radio"/> June			<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> June		
<input type="radio"/> July			<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> July		
<input type="radio"/> Aug			<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> Aug		
<input type="radio"/> Sept			<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> Sept		
<input type="radio"/> Oct			<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> Oct		
<input type="radio"/> Nov			<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> Nov		
<input type="radio"/> Dec							<input type="radio"/> Dec		

Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

When To Use This Section: Did the accident involve...

Part A

A truck or truck combination > 10,000 lbs GVWR/GCWR? Y N

Any vehicle displaying a hazardous materials placard? Y N

A vehicle designed to carry 9 or more people, including the driver? Y N

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B

Any person who was fatally injured? Y N

Any injured person who required transport for immediate medical treatment? Y N

One or more vehicles towed from the scene due to disabling damage? Y N

STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section...

Hazardous Material Information

- Hazardous Material Class Numbers (1-2digit):
- Hazardous Material "UN" Numbers (4 digit):
- Hazardous Material Placard Displayed? Y N
- Hazardous Cargo was Released? Y N

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

Carrier Information	Carrier Identification Numbers	Source:
<input type="radio"/> Interstate Carrier? <input type="radio"/> Y <input type="radio"/> N	US DOT: 140	<input type="radio"/> Vehicle Side
Carrier Name: 149	ICC MC: 140	<input type="radio"/> Shipping Papers
	Carrier Address: 142	<input type="radio"/> Trip Manifest
		<input type="radio"/> Driver Log Book

Vehicle Information	Gross Vehicle Weight Rating	LBS	Total # of Axles
Vehicle Configuration	145		146
<input type="radio"/> 1 Bus <input type="radio"/> 2 Single Unit Vehicle <input type="radio"/> 3 Single unit truck + 3 axles <input type="radio"/> 4 Truck/Trailer <input type="radio"/> 5 Tractor/Semi-Trailer <input type="radio"/> 6 Tractor/Tractor <input type="radio"/> 7 Tractor/Doubles <input type="radio"/> 8 Tractor/Triples <input type="radio"/> 9 Unknown Heavy Truck <input type="radio"/> 10 Log Truck			
SEQUENCE OF EVENTS FOR THIS VEHICLE <input type="radio"/> 1 Ran off Road <input type="radio"/> 2 Jackknife <input type="radio"/> 3 Overturn (Rollover) <input type="radio"/> 4 Downhill Runaway <input type="radio"/> 5 Cargo Loss or Shift <input type="radio"/> 6 Explosion or Fire <input type="radio"/> 7 Separation of Units <input type="radio"/> 8 Collision Involving Pedestrian	<input type="radio"/> 1 Collision Involving Motor Vehicle in Transp. <input type="radio"/> 2 Collision Involving Parked Motor Vehicle <input type="radio"/> 3 Collision Involving Train <input type="radio"/> 4 Collision Involving Pedalcycle <input type="radio"/> 5 Collision Involving Animal <input type="radio"/> 6 Collision Involving Fixed Object <input type="radio"/> 7 Collision Involving Other Object <input type="radio"/> 8 Other	<input type="radio"/> 1 Bus <input type="radio"/> 2 Van/enclosed box <input type="radio"/> 3 Cargo Tank <input type="radio"/> 4 Flatbed <input type="radio"/> 5 Dump	<input type="radio"/> 6 Concrete Mixer <input type="radio"/> 7 Auto Transporter <input type="radio"/> 8 Garbage/Refuse <input type="radio"/> 9 Other <input type="radio"/> 10 Log Truck

Printed in U.S.A. GS03 321 Mark (Reflex) by Pearson, M/09/100-4

GATES AUTO BODY
Federal ID #:391663883
FLEET OF 150 LOANER CARS
202 WEST BELTLINE HWY
MADISON, WI 53713
(608)251-5910 Fax: (608)251-5982

ESTIMATE OF RECORD

Written By: Jesse Ewoldt 07/23/2010 12:37 PM
Adjuster:

Insured: [REDACTED] **Claim #** [REDACTED]
Owner: [REDACTED] **Policy #** [REDACTED]
Address: [REDACTED] **Deductible:** \$750.00
MCFARLAND, WI [REDACTED] **Date of Loss:** 07/15/2010 at 12:00 AM
Evening: [REDACTED] **Type of Loss:** Collision
Business: [REDACTED] **Point of Impact:** 12. Front

Inspect GATES AUTO BODY **Business:** (608)251-5910
Location: 202 WEST BELTLINE HWY
MADISON, WI 53713

Insurance FARMERS **Other:** (800)445-7911
Company: P.O. BOX 268994
Oklahoma City, OK 73126 6 Days to Repair

2004 CHEV MALIBU MAXX LT 6-3.5L-FI 4D H/B dk blue Int:
VIN: 1G1ZU648X4F [REDACTED] **Lic:** [REDACTED] WI **Prod Date:** 06/2004 **Odometer:** 120658

Air Conditioning	Rear Defogger	Tilt Wheel
Cruise Control	Telescopic Wheel	Intermittent Wipers
Keyless Entry	Steering Wheel Controls	Message Center
Body Side Moldings	Dual Mirrors	Console/Storage
Skyview Roof	Traction Control	Fog Lamps
Clear Coat Paint	Power Steering	Power Brakes
Power Windows	Power Locks	Power Driver Seat
Power Mirrors	Heated Mirrors	Power Adjustable Pedals
AM Radio	FM Radio	Stereo
CD Player	Anti-Lock Brakes (4)	Driver Air Bag
Passenger Air Bag	Head/Curtain Air Bags	Front Side Impact Air Bag
4 Wheel Disc Brakes	Leather Seats	Bucket Seats
Heated Seats	Automatic Transmission	Overdrive
Aluminum/Alloy Wheels		

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		FRONT BUMPER					
2		O/H front bumper				2.0	
3	R&I	Lower grille base & LS				Incl.	
4**	Repl	A/M CAPA Bumper cover	1	274.00		Incl.	2.6
5		Add for Clear Coat					1.0
6		Add for fog lamps				0.4	
7	R&I	Lower deflector				Incl.	

ESTIMATE OF RECORD

2004 CHEV MALIBU MAXX LT 6-3.5L-FI 4D H/B dk blue Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
8	R&I	License bracket			0.2	
9	R&I	Upper support			Incl.	
10		FRONT LAMPS				
11**	Repl	A/M CAPA RT Fog lamp assy	1	59.00	Incl.	
12	R&I	LT Fog lamp assy			Incl.	
13		RADIATOR SUPPORT				
14**	Repl	A/M Splash shield	1	19.00	0.3	
15	Repl	RT Side shield 3.5 & 3.9 liter	1	39.35	0.3	
16	Repl	LT Side shield 3.5 & 3.9 liter	1	28.46	0.3	
17		COOLING				
18**	Repl	A/M Radiator	1	151.00	m 2.0	
19	Repl	RT Radiator lower bracket	1	48.57		
20	Repl	LT Radiator lower bracket	1	48.57		
21**	Repl	A/M Fan assy	1	162.00	m Incl.	
22		AIR CONDITIONER & HEATER				
23	Repl	Hose & tube assy 3.5 liter	1	93.90	m 1.3	
24	Repl	Suction line	1	66.58	m 1.0	
25**	Repl	A/M Condenser	1	<u>135.00</u>	m 1.5	
26		Deduct for Overlap			-1.2	
27		Deduct for Overlap			-0.5	
28		PILLARS, ROCKER & FLOOR				
29	R&I	LT Carpet retainer front gray			0.2	
30	R&I	LT Rocker molding LT			0.5	
31*	Rpr	LT Rocker molding LT			<u>1.0</u>	1.4
32		Add for Clear Coat				0.3
33		REAR BUMPER				
34#	Subl	4-Wheel Alignment	1	79.95		
35	R&I	R&I bumper cover			1.0	
36		SEATS & TRACKS				
37	R&I	LT R&I rear seat			0.3	
38#	R&I	partial carpet R&I			1.0	
N 39#	R&I	lt rear floor reinforcement			1.5	
40#	Rpr	lt rear floor reinforcement			3.0	
41#	Rpr	rt rear floor reinforcement			4.0	
42#	Repl	coolant	1	12.00		
43#	Subl	4-Wheel Alignment	1	79.95		
44#		Flex Additive	1	5.00		
45#	Subl	Hazardus Waste Removal	1	2.00		
46#		Car Cover	1	5.00		
47#		Undercoating	1	8.00	0.3	
48#	R&I	lt front mud guard			0.3	
49#	Rpr	Lt rocker			1.0	0.5
50		REAR BODY & FLOOR				
51*	Rpr	Rear body panel			<u>3.5</u>	<u>0.8</u>
52		Overlap Major Non-Adj. Panel				-0.2
53		Add for Clear Coat				0.1
Subtotals ==>				1317.33	25.2	6.5

ESTIMATE OF RECORD

2004 CHEV MALIBU MAXX LT 6-3.5L-FI 4D H/B dk blue Int:

Line 39 : welded to floor pan, only way to get is with floor pan, only way to repair would be to remove, straighten and weld on.

Parts		1317.33
Body Labor	25.2 hrs @ \$ 53.00/hr	1335.60
Paint Labor	6.5 hrs @ \$ 53.00/hr	344.50
Paint Supplies	6.5 hrs @ \$ 33.00/hr	214.50

SUBTOTAL		\$ 3211.93
Sales Tax	\$ 3211.93 @ 5.0000%	160.60
County Tax	\$ 3211.93 @ 0.5000%	16.06

GRAND TOTAL		\$ 3388.59
ADJUSTMENTS:		
Deductible		750.00

CUSTOMER PAY		\$ 750.00
INSURANCE PAY		\$ 2638.59

Farmers' Non-OEM Sheet Metal Parts Warranty

When you have your vehicle repaired after an accident and the repair estimate includes the use of certain non-OEM sheet metal crash parts (parts not made by or for your vehicle's original manufacturer), Farmers will stand behind those parts for as long as you own the vehicle. If a supplier of a part listed in your repair estimate or the shop that performed the repairs on your vehicle is unable to resolve a legitimate complaint about the quality of the non-OEM sheet metal parts used in the repair, we will make every effort to see that the problem is corrected.

Parts covered by this warranty are limited to hoods, fenders, door shells, truck beds, box sides, tailgates, lift gates, quarter panels, rear outer panels, body side panels, trunk lids and deck lids.

For assistance, contact your nearest Farmers Claims Office or Agent.

DISCLAIMER

This warranty and any representations made herein are non-transferable and its benefits extend only to the party owning the vehicle at the time of the repair. It is not part of your insurance policy and does not constitute an extension of coverage thereunder.

Any person who knowingly presents a false or fraudulent insurance claim for the payment of a loss may be guilty of a crime and may be subject to fines and confinement in state prison.

ESTIMATE OF RECORD

2004 CHEV MALIBU MAXX LT 6-3.5L-FI 4D H/B dk blue Int:

MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATCP 132, WIS. ADM. CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON, WISCONSIN 53708-8911.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DR1CP04, CCC Data Date 07/01/2010, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. Non-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries. Some 2010 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

CCC Pathways - A product of CCC Information Services Inc.

ESTIMATE OF RECORD

2004 CHEV MALIBU MAXX LT 6-3.5L-FI 4D H/B dk blue Int:

ALTERNATE PARTS SUPPLIERS

4 A/M CAPA Bumper cover	Part No.	GM1000711C	Price \$274.00
14 A/M Splash shield	Part No.	GM1228105	Price \$19.00
Keystone - Complete		(800)747-2500	
2400 KERPER BLVD.		(563)556-5030	
DUBUQUE, IA 52001			
Keystone - Complete		(800)218-4848	
3017 A HOOVER STREET		(715)342-0772	
STEVENS POINT, WI 54481			
Keystone - Complete		(800)833-2030	
2700 29TH AVE. N.		(906)789-2200	
ESCANABA, MI 49829			
Keystone - Complete		(800)924-8230	
9532 W. CARMEN AVE.		(414)463-1019	
MILWAUKEE, WI 53225			
Keystone - Complete		(800)328-1845	
3615 MARSHALL ST. N.E.		(612)789-1919	
MINNEAPOLIS, MN 55418			
Keystone - Complete		(800)356-7252	
5969 HAASE RD. SUITE B		(608)249-4775	
DEFOREST, WI 53532			
Keystone - Complete		(800)422-1995	
5085 WREN DRIVE		(920)731-3030	
APPLETON, WI 54913			
25 A/M Condenser	Part No.	3426	Price \$135.00
Performance Radiator-MO		(877)723-4286	
2225 ADMINISTRATION DR.		(314)291-1100	
ST. LOUIS, MO 63045			
18 A/M Radiator	Part No.	21483	Price \$151.00
1-800-Radiator Central FPPP		(800)723-4286	
19+ WHS, DELVR DAILY/OVERNIGHT			
CENTRAL, IL 60008			

ESTIMATE OF RECORD

2004 CHEV MALIBU MAXX LT 6-3.5L-FI 4D H/B dk blue Int:

ALTERNATE PARTS SUPPLIERS

11 A/M CAPA RT Fog lamp assy	Part No.	GM2593147C	Price \$59.00
21 A/M Fan assy	Part No.	GM3115178	Price \$162.00
Keystone - TCPP		(800)924-8230	
9532 W. CARMEN AVE.		(414)463-1019	
MILWAUKEE, WI 53225			
Keystone - TCPP		(800)833-2030	
2700 29TH AVE. N.		(906)789-2220	
ESCANABA, MI 49829			
Keystone - TCPP		(877)569-9559	
6203 PATTERSON ROAD		(501)569-9559	
LITTLE ROCK, AR 72209			
Keystone - TCPP		(800)218-4848	
3017 A HOOVER STREET		(715)342-0772	
STEVENS POINT, WI 54481			
Keystone - TCPP		(800)747-2500	
2400 KERPER BLVD.		(563)556-5030	
DUBUQUE, IA 52001			
Keystone - TCPP		(800)247-0861	
2021 WEST DIVISION ST.		(320)251-8494	
ST. CLOUD, MN 56301			
Keystone - TCPP		(800)422-1995	
5085 WREN DRIVE		(920)731-3030	
APPLETON, WI 54913			
Keystone - TCPP		(800)356-7252	
5969 HAASE RD. SUITE B		(608)249-4775	
DEFOREST, WI 53532			
Keystone - TCPP		(800)328-1845	
3615 MARSHALL ST. N.E.		(612)789-1919	
MINNEAPOLIS, MN 55418			

GATES AUTO BODY
202 WEST BELTLINE HWY
MADISON, WI 53713
Business: (608)251-5910

IMAGE REPORT



07/22/2010: EST01: Lt rear floor reinf



07/22/2010: EST01: lt rear floor pan r



07/22/2010: EST01: rt rear floor pan r



07/22/2010: EST01: floor pan

IMAGE REPORT



07/22/2010: EST01: floor pan



07/22/2010: EST01: lt pinchweld



07/22/2010: EST01: rear body panel



07/22/2010: EST01: rear cover

IMAGE REPORT



07/22/2010: EST01: lt rocker



07/22/2010: EST01: ac line



07/22/2010: EST01: ac line



07/22/2010: EST01: upper and lower ac

IMAGE REPORT



07/22/2010: EST01: lt radiator lower b

07/22/2010: EST01: rt radiator bracket



07/22/2010: EST01: lt side shield

07/22/2010: EST01: rt side shield

IMAGE REPORT



07/22/2010: EST01: rt fog lamp



07/22/2010: EST01: fan shroud



07/22/2010: EST01: ac condensor



07/22/2010: EST01: coolers

IMAGE REPORT



07/22/2010: EST01: coolers



07/22/2010: EST01: ft cover



07/22/2010: EST01: ft cover



07/22/2010: EST01: inner ft cover

IMAGE REPORT



07/22/2010: EST01: rt front



07/22/2010: EST01: rear seat need R&I



07/22/2010: EST01: lt rear



07/22/2010: EST01: rt rear

Owner:

Estimator: Jesse Ewoldt

2004 CHEV MALIBU MAXX LT 6-3.5L-FI 4D H/B dk blue Int:

IMAGE REPORT



07/22/2010: EST01: odometer

07/22/2010: EST01: vin



08/23/2010: SUP01: seat frame items sw

08/23/2010: SUP01: seat frame items sw

CUSTOMER # 507084

495535
CUSTOMER COPY
INVOICE



DATES AUTO BODY INC
102 W BELTLINE HWY
MADISON, WI 53713-2608
HOME: 251-5910
CONT:N/A
CELL:

DUPLICATE 1
PAGE 1

1702 S. PARK ST.
MADISON, WI. 53713
PHONE: 256-0281

SERVICE ADVISOR: 2 DON SCHAEFER

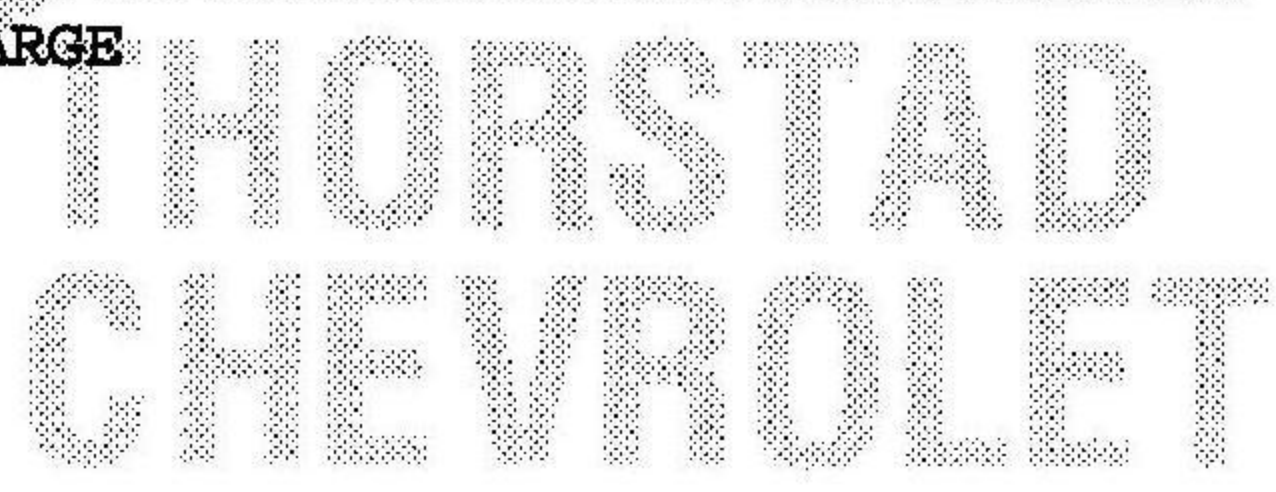
COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG
BLACK	04	CHEVROLET MALIBU	1G1ZU648X4F		120660/120660	T474
DEL DATE	PROD. DATE	IN SERVICE DATE	PROMISED	PO NO.	PAYMENT	INV. DATE
1JAN04 IS					Charge	
1JAN04 DD		16:00	04AUG10	X	CASH	05AUG10

R.O. OPENED: 2:04 28JUL10
DATE OFFERED BACK: 08:31 05AUG10
OPTIONS: ENG:3.5_Liter_SFI

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
ALIGNMENT-PASSENGER CARS							
0001				50		0.00	0.00

CHECK POWER STEERING NO POWER STEERING AT TIMES OWNER STATES STEERING JERKS AT TIMES WHILE DRIVING SERVICE VEH LIGHT ON EST							
E7680				451		207.90	207.90
1	25933396		COLUMN(NET)		359.00	269.25	269.25
0221E			FRT WHEEL ALIGN-FRT DRIVE CARS, CHEVETTE, DIESELS	452		69.95	69.95
20660			SCAN TEST - CODE C0460 - NEEDS STEERING COLUMN - REPLACED				
			TEERING COLUMN - REPROGRAMMED SENSOR				

			ENVIRONMENTAL WASTE DISPOSAL CHARGE				8.00



Called
#50

1-608-256-0281
SERVICE DEPARTMENT HOURS
MON. - FR. 7:00 AM. TO 5:30 PM
www.thorstad.com

ANY PARTS SHOWN WITH A PART NUMBER (UNLESS OTHERWISE NOTED) ARE GENERAL MOTORS PARTS, AND, AS SUCH, ARE COVERED BY A MANUFACTURER'S WARRANTY. A COPY OF WHICH IS AVAILABLE IN THE CONSUMER WARRANTY INFORMATION CENTER. THERE ARE NO OTHER WARRANTIES APPLICABLE TO THE PARTS OR SERVICE FURNISHED IN THIS REPAIR. THE DEALER IS NOT A PARTY TO SUCH MANUFACTURER'S WARRANTY.

Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911.

DESCRIPTION	TOTALS
LABOR AMOUNT	277.85
PARTS AMOUNT	269.25
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
ENVIRONMENTAL CHARGES	8.00
TOTAL CHARGES	555.10
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	555.10

UNDERSTAND THAT ALL CHARGES ARE DUE ON THE DELIVERY OF THE VEHICLE. IF CREDIT IS EXTENDED, I UNDERSTAND THAT PAYMENT IS DUE WITHIN 30 DAYS OF BILLING DATE. A 1% PER MONTH (12% PER ANNUM) LATE PAYMENT CHARGE WILL BE ASSESSED ON ANY UNPAID BALANCE UNTIL PAID IN FULL.



THANK YOU!